



HAWAII STATE ETHICS COMMISSION REGISTERED LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

FORM LOB

FAX

HAWAII STATE ETHICS COMMISSION
1001 Bishop Street, Suite 970
Honolulu, Hawaii 96813
(P.O. Box 616, Honolulu, Hawaii 96809)
Telephone: (808) 587-0460
Fax: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

For lobbying reporting period:

[] January 1 - last day of February

[x] March 1 - April 30

[] May 1 - December 31

Year of Report 20 13

Lobbyist

Christopher Flanders

Phone

(808) 536-7702

Organization

Hawaii Medical Association

Mailing Address

1360 S. Beretania St. #200
Honolulu, HI 96814**PART I. TOTAL EXPENDITURES**

Note: Expenditures for which the lobbyist is reimbursed by an organization or expenditures which are paid for by an organization are reported on the organization's expenditures statement. See instructions for further explanation.

The total sum or value of all expenditures for the purpose of lobbying made by the lobbyist during the statement period was:

\$ 0.00

ORGANIZATION'S NAMES (as they appear on lobbyist registration form)

No. 1 Hawaii Medical Association

No. 2

No. 3

No. 4

No. 5

No. 6

EXPENDITURES MADE BY LOBBYIST FOR EACH ORGANIZATION

Category	Organization 1	Organization 2	Organization 3	Organization 4	Organization 5	Organization 6
1. Preparation & Distribution	0.00					
2. Media Advertising	0.00					
3. Telecommunications	0.00					
4. Postage	0.00					
5. Fees Paid by Lobbyist	0.00					
6. Entertainment & Events	0.00					
7. Food & Beverages	0.00					
8. Gifts	0.00					
9. Loans	0.00					
10. Other Disbursements	0.00					
TOTAL EXPENDITURES	0.00					

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	On behalf of ORG#	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	On behalf of ORG#	Amount or value

PART II. CONTRIBUTIONS RECEIVED BY LOBBYIST

List in this section all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable☐ Contributions in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



(Signature of Lobbyist)

(Date)